MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
APPLICANT(S)	

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT				*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.			IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1							51						
2	1							52						
3	1							53						
4	1							54						
5		2						55						
6		2						56						
7		2						57						
8		4						58						
9		4						59						
10		4						60						
11		4						61						
12	1							62						
13		1						63						
14		1						64						
15								65						
16								66						
17								67						
18								68						
19								69						
20								70						
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35								85						
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37								87						
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39								89						
40								90						
41								91						
42								92						
43								93						
44								94						
45								95						
46								96						
47								97						
48								98						
49								99						
50								100						
TOTAL IND.	5	↓		↓		↓		TOTAL IND.		↓		↓		
TOTAL DEP.	24	←		←		←		TOTAL DEP.		←		←		
TOTAL CLAIMS	29							TOTAL CLAIMS						

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

FORM PTO-1350 (REV. 3-78)